## Commonwealth of Massachusetts Department of Mental Health

## **Division of Forensic Mental Health Services**

# DESIGNATED FORENSIC PROFESSIONAL PROCEDURES MANUAL

**Property of the Massachusetts Department of Mental Health** 

Developed in collaboration with the University of Massachusetts Medical School, Division of Law and Psychiatry

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## I. Purpose, Scope of Work and Structure of the DFP Training and Certification Committee

#### A. Purpose

The Designated Forensic Professional (DFP) Training and Certification Committee (Committee) is appointed by the Assistant Commissioner for Forensic Mental Health to implement 104 *CMR 33.04*, *Department of Mental Health* regarding the appointment, training and certification of forensic professionals.

#### B. Scope of Work

The Committee is responsible for:

- 1. Overseeing the training of DFP candidates
- 2. Making recommendations to the Assistant Commissioner regarding
  - a. appointment and re-certification of DFP's
  - b. appointment of Forensic Mental Health (FMH) Supervisors
  - c. termination of DFP candidacy
  - d. revocation of the DFP credential
  - e. appointment of DFP Training and Certification Committee members
- 3. Developing recommended standards for performance of forensic evaluations of adults conducted pursuant to M.G.L. C.123.
- 4. Taking referrals from the Continuous Quality Improvement (CQI) committees and developing remedial actions as appropriate.

#### C. Committee Structure

- 1. The Committee is composed of a Chair, four members-at-large, the Director of the DFP Program and the Chair of the DFP CQI Committees.
- 2. The Committee Chair, the Director of the DFP Program and the Chair of the DFP CQI Committees serve at the pleasure of the Assistant Commissioner.
- 3. Members-at-large are appointed by the Assistant Commissioner for a renewable term of four years. Terms are staggered to limit significant turnover in any one year.
- 4. Members-at-large reflect a cross-section of forensic clinicians from a variety of forensic mental health settings. The Committee seeks representation from both psychiatry and psychology, as well as the adult court clinics, Bridgewater State Hospital and the DMH adult inpatient facilities.

## II. Procedures for the Training and Certification of Designated Forensic Professionals in Massachusetts

#### A. Eligibility Requirements for Candidacy

- 1. A state employee or a vendor employee under contract to DMH or DOC who regularly performs court-ordered forensic evaluations requiring DFP status
- 2. Requisite education and experience as defined in 104 CMR 33.04(2) or 104 CMR 33.04(3)

#### **B.** Application for Candidacy

- 1. Applications for DFP Training and Certification should be submitted to the Director of the DFP Program. The Director will review the application (Appendix A) for compliance with the requirements of 104 CMR 33.04.
- 2. If there are deficiencies in the application, the Director of the DFP Program may consult with the Committee and/or the Assistant Commissioner. Further information may be requested of the applicant. The Director may make recommendations to the Assistant Commissioner regarding exceptions to the requirements.
- 3. The Assistant Commissioner will make the final decision regarding exceptions to the requirements and acceptance for candidacy. The candidate will be notified of the decision within 30 days of receipt of all application materials. It is the Candidate's responsibility to notify his/her employer or prospective employer of his/her acceptance for candidacy.

#### C. Time Frame for Completion of Training

- 1. Candidates must complete all training requirements within two years of being assigned an FMH Supervisor. Under special circumstances, the Committee may grant an extension of up to one year.
- 2. The Committee will notify the Assistant Commissioner within 30 days of ascertaining that all training requirements have been met. The Assistant Commissioner will immediately send a letter of DFP certification to the Candidate.

#### D. Assignment of the FMH Supervisor/Development of the Training Plan

- 1. The Director of the DFP Program will assign a FMH Supervisor to each candidate, based on availability and need.
- 2. The candidate and FMH Supervisor will develop a training plan that conforms to the requirements of 104 CMR 33.04. The training plan will be submitted to the Committee for approval within 90 days of the candidate's assignment of an FMH Supervisor. Training may begin before the training plan is approved.
- 3. It is the responsibility of the Candidate to be available for regular supervision and submit reports to the FMH Supervisor in a timely manner.

#### E. Written Examination

- 1. DFP Candidates must pass a written examination covering knowledge of the Massachusetts forensic statutes, mental health case law and standards of practice for performing M.G. L. c. 123 forensic evaluations.
- 2. The examination is offered twice a year.
- 3. Candidates may take this examination any time it is offered and may re-take the examination if they do not obtain a passing score. However, a Candidate who fails the examination three times may be terminated from candidacy.

#### F. Mid-Training Reports

- 1. No later than a year after assignment of an FMH Supervisor, the Candidate will submit two mid-training reports completed pursuant to M.G.L. c. 123 §15(b). One report will involve competency to stand trial and the other will involve criminal responsibility. Preferably, both reports will be on the same individual. The mid-training reports must have been written within one year of the submission of the report to the Committee.
- 2. Mid-training reports may be submitted whenever the Candidate and FMH Supervisor agree that the Candidate has made substantial progress in his/her training.
- 3. Mid-training reports are reviewed by two members of the Committee, then discussed by the entire Committee. All identifiers of the Candidate, the defendant and the facility and other mental health professionals at the facility involved where the evaluation was performed must be removed. The Committee will provide the Candidate and FMH Supervisor with written feedback noting the overall quality of the reports and identifying areas requiring further work.

#### **G.** Final Reports

- 1. At least 60 days before the deadline for completion of training, the Candidate must submit to the Committee two final reports completed pursuant to M.G.L. c. 123 §15(b). One report will involve competency to stand trial and the other will involve criminal responsibility. The final reports must have been written within one year of submission to the Committee.
- 2. Final reports may be submitted whenever the Candidate and FMH Supervisor agree that the Candidate has mastered the skills necessary for performing independent forensic evaluations.
- 3. Final reports must involve assessment of an individual who is considered to have a mental illness or a mental defect to allow the committee to evaluate how well the candidate can analyze and articulate the relationship between mental disorder and the psycholegal criteria. Preferably both final reports will be on the same individual. If the candidate works predominantly with developmentally disabled individuals, the reports may involve evaluation of such individuals.
- 4. In the event of disagreement between the candidate and the FMH Supervisor regarding the candidate's readiness to submit the final reports, the candidate

may choose to submit the final reports to the Committee. The Committee will review the reports without being informed of the disagreement. Approval of the reports will be made based on the quality of the final reports submitted and the FMH Supervisor's assessment of the candidate's ability to consistently produce satisfactory reports.

- 5. The final reports will be reviewed by two reviewers, neither will be the Chair. All identifiers of the Candidate, the defendant and the facility and other mental health professionals at the facility involved where the evaluation was performed must be removed. The report will be evaluated using the Report Review Checklist (Appendix B).
- 6. Following discussion of the reviewers' recommendations, the Committee will determine whether to approve the reports. The decision will be made by consensus, or if consensus cannot be reached, by a majority vote. The Chair may participate in the discussion, but may not vote.
- 7. If the Committee cannot come to a conclusion, the report will be assigned to one or more additional reviewers (not including the Chair) who will present recommendations at the next Committee meeting.
- 8. The Committee may ask the candidate to rewrite or clarify certain aspects of one or both reports. Each report is evaluated on its own merits. The Committee will review the revised report(s) at the next scheduled meeting.
- 9. Within 30 days of the Committee's review of final reports, the Candidate will be sent a letter (copied to his/her FMH Supervisor) indicating whether the final reports have been approved.
- 10. If a Candidate has submitted three sets of final reports to the Committee and the reports have not been approved, the Committee may recommend termination of candidacy. A request for revisions or clarification is not considered to be non-approval.

#### H. FMH Supervisor's Evaluation of Candidate

The FMH Supervisor will provide a written assessment of the candidate's mastery of the skills necessary to perform forensic evaluations. If the FMH Supervisor does not agree that the Candidate has mastered the skills, the Committee will seek additional information in order to arrive at a decision regarding recommendation for certification. The Chair may participate in the discussion, but may not vote. The decision will be reached by consensus, or if consensus cannot be reached, by a majority vote.

#### I. Verification of Completion of Training

Following approval of the final reports the Candidate will submit to the Committee a Completion of DFP Training Verification Form (Appendix C) signed by the FMH Supervisor verifying that the Candidate has completed all the requirements of the training program.

#### J. Approval by the Assistant Commissioner

Upon successful completion of training the Committee will recommend certification of the candidate to the Assistant Commissioner. The Assistant Commissioner will immediately notify the Candidate, the FMH Supervisor and the Candidate's employer of the decision in writing regarding DFP certification.

#### K. Supervisor Feedback Form

The Candidate will submit the FMH Supervisor Feedback Form (Appendix D) to the Committee within 30 days of receiving DFP certification. If, based on this document or other information available to the Committee, concerns are raised about the quality of the supervision, the Committee will determine what remedial action is appropriate.

#### III. Termination of DFP Candidacy:

The Committee may recommend termination of candidacy to the Assistant Commissioner if:

- **A.** A candidate has not completed the process within the time period outlined in Section II. C.1. above. In considering whether the candidate is likely to be able to complete the process with additional time or support the Committee will take into account the candidate's circumstances, as well as the FMH Supervisor's recommendations.
- **B.** The candidate has submitted three sets of final reports which are not deemed acceptable by the Committee
- **C.** The candidate has failed the written examination three times.

#### IV. Procedures for Remediation of Certified DFP's

- **A.** If a CQI Committee identifies significant problems with the quality of the reports from an individual certified as a DFP, the CQI chair will refer the matter to the Committee. The Committee will review the report(s) and, if necessary, recommend remedial action. The Committee will notify the CQI Committee that remedial action has been taken.
- **B.** If the Committee determines that remedial supervision is required, a FMH Supervisor will be appointed. The DFP will immediately contact the Supervisor and work with him/her to develop a remediation plan. The remediation plan will be submitted to the Committee and to the Assistant Commissioner within 60 days of the appointment of the Supervisor. Remediation must be completed within one year.
- **C.** The Assistant Commissioner will notify the DFP's employer of the DFP's remediation status.

- **D.** The FMH Supervisor will notify the DFP Training and Certification Committee when he/she thinks that the individual has made significant progress. The FMH Supervisor may notify the Committee at any time of such progress.
- **E.** The CQI committee will then review the DFP's progress and determine how many and what types of reports will be requested for review.
- **F.** If the CQI committee approves the reports, the Committee will be so notified and the individual will be removed from remediation status.
- **G.** If the CQI committee determines that the reports still do not meet minimally acceptable standards, the Committee will be so notified. The Committee will consider whether further remediation is indicated or certification should be revoked.

#### V. Termination of DFP Candidacy or Revocation of DFP Certification

Upon receiving a recommendation from the Committee for termination of DFP candidacy or revocation of DFP certification, the Assistant Commissioner will consider the evidence and make a final decision. Notification of a decision to terminate/revoke will be sent to the individual, to the individual's FMH Supervisor and the individual's employer.

## VI. Procedures for Re-Applying for DFP Candidacy Following Termination of DFP Candidacy or Revocation of DFP Certification

- **A.** An individual whose candidacy has been terminated or whose certification has been revoked may not re-apply for DFP candidacy for at least 180 days following the date of termination/revocation or the date of any appeal, which ever comes last.
- **B.** An individual who is reapplying for candidacy or certification will submit the standard DFP application packet and:
  - 1. a statement attesting that there are no pending appeals of the determination decision
  - 2. a statement of his/her understanding of the issues that led to the termination/revocation and
  - 3. documentation that these issues have been successfully addressed.

#### **C.** The Committee will determine whether:

- 1. the applicant meets the basic requirements for DFP candidacy
- 2. there has been sufficient change in the circumstances that led to termination/revocation to indicate that the individual can now meet DFP training and certification requirements.

- **D.** Within 60 days of receipt of all materials (as outlined in VI.B.) the Committee will make a recommendation to the Assistant Commissioner regarding acceptance. The Assistant Commissioner will make the final determination as to whether the individual is accepted into DFP candidacy and notify the applicant in writing within five days of receiving the Committee's recommendation.
- **E.** If the application is denied, the individual may not re-apply for candidacy for at least 180 days following the date of the letter denying the application. The application procedure is outlined in paragraph B above.

#### VII. Renewal of DFP Certification

- **A.** DFP status must be renewed every three years. In order to renew DFP certification the individual must indicate that he or she continues to be actively involved in public sector forensic work, which requires DFP certification.
- B. Definition of Public Sector Forensic Work

The following activities are considered public sector forensic work:

- 1. performing court-ordered forensic evaluations which require DFP status
- 2. performing or reviewing Mandatory Forensic Reviews for the Department of Mental Health
- 3. supervising one or more DFP candidates as a FMH Supervisor
- 4. serving on the DFP Training and Certification Committee
- 5. serving on a Forensic Division CQI committee
- **C.** Renewal of DFP status will not be granted while the individual is on remedial status (per section IV.B. above).
- **D.** Individuals who are no longer performing public sector forensic work (as defined in VII.B. above) will be placed on inactive status. Individuals on inactive status may re-activate their status if they return to a position that involves performing public sector forensic work. At that point they will once again be subject to CQI and other requirements for the DFP.

#### **VIII.** Use of the Designated Forensic Professional Title

- **A.** The authority of the certification and CQI process extends only to public sector forensic work (as defined in section II.B.) and does not relate to private forensic work. Therefore, DFP's may not include the designation on private forensic reports.
- **B.** DFPs on inactive status may indicate on their C.V. the years that they were certified, followed by "currently on inactive status" e.g., Designated Forensic

Professional, Massachusetts Department of Mental Health, 1985-1994 (currently on inactive status).

C. DFPs on Active status may indicate on their C.V. the year that they were certified e.g., Designated Forensic Professional, Massachusetts Department of Mental Health, 1985-present.

#### IX. Appointment of FMH Supervisors

#### A. Role of the FMH Supervisor

The FMH Supervisor provides instruction on the standards for performing evaluations; assistance in developing an understanding of basic concepts and laws relevant to forensic practice; instruction on how to identify and apply clinical data to psycho-legal questions; guidance in learning how to find and read relevant material and case law; feedback on written reports and consultation on providing testimony. FMH Supervisors perform these functions under Section X, Guidelines for FMH Supervisors.

#### **B.** Eligibility Requirements

Any individual who has at least five years of forensic experience and who is currently engaged in the provision of public sector forensic work (as defined in section VII.B above). may be considered by the Assistant Commissioner for appointment as a FMH Supervisor.

#### C. Review Process

- 1. After the Assistant Commissioner determines that the individual may be considered for appointment as a FMH supervisor the individual will submit the following materials to the Director of the DFP Program.
  - a) A current C.V. documenting current and past places of employment and forensic evaluation services provided
  - b) A valid license to practice psychiatry or psychology in Massachusetts
  - c) Three letters of recommendation; one from an experienced forensic professional (e.g., a Forensic Mental Health Supervisor); one from any other DFP, and one from a professional for whom the candidate has provided training, supervision, or informal FMH Supervision regarding mental health services. The letter from the experienced forensic professional should address:
    - i. the relation of the writer to the candidate
    - ii. the quality of the candidate's forensic mental health services
    - iii. the quality of the candidate's knowledge of mental health law and forensic mental health issues
    - iv. actual or potential abilities to provide a high level of training and instruction to professionals in training positions
    - v. the candidate's professional integrity and ethical behavior

- 2. The Director of the DFP Program will evaluate whether the applicant's credentials meet the minimum requirements to be a FMH Supervisor and determine whether the further consideration of the application is warranted. The DFP Program Director may consult with the Chair of the DFP Committee and one other member in making this determination.
- 3. If the Director of the DFP Program determines that the applicant's credentials meet the minimum requirements to be a FMH Supervisor, the candidate will be asked to submit three recent forensic reports for review. The identity of the applicant will be disguised in the reports. Two members of the Committee will complete formal evaluations of the reports based on the Report Review Checklist.
  - a) The submitted reports should clearly demonstrate the candidate's ability to obtain data relevant to the psycholegal issues and to analyze and articulate the nexus between the data and the conclusions reached.
  - b) One of the reports should be an evaluation of competence to stand trial; preferably a 15(b) report. However, an extended 15(a) report may be substituted, if that report is sufficiently thorough and complete and demonstrates the abilities described above.
  - c.) One of the reports should be an evaluation of criminal responsibility, preferably a 15(b) report. However, an extended 15(a) report may be substituted, if that report is sufficiently thorough and complete and demonstrates the abilities described above.
  - d.) The third report may be an evaluation of any other forensic mental health question included within the definition set forth in the DMH regulations pertaining to DFP examiners.
- 4. The Committee will review the reports and determine whether they demonstrate a high level of professional and ethical practice. The following criteria will be used in making a recommendation to the Assistant Commissioner regarding appointment as a Forensic Mental Health Supervisor:
  - a) Licensed and Ethical Practice: The applicant is a DFP who has a valid license to practice psychiatry or psychology in Massachusetts. The candidate practices in an ethical and professional manner.
  - b) Active Relevant Practice: The applicant has engaged in the provision of public-sector forensic work for at least five years within the past ten consecutive years, and is so engaged at the time of the review for a FMH Supervisor appointment.
  - c) Legal and Forensic Knowledge: The applicant demonstrates and advanced level of knowledge concerning relevant mental health law, the legal system, and issues in forensic mental health services.
  - d) Forensic Clinical Practice: The applicant's forensic clinical practice demonstrates a high level of experience and expertise.
  - e) Training and Supervision: The applicant demonstrates actual or potential capacities to engage in FMH Supervisory activities with the objective of teaching, advising, and contributing to the professional growth of supervisees who have less experience and knowledge of legal, mental health, and forensic mental health issues and services.
  - f) Professional Development: The applicant presents evidence that he/she is dedicated to his or her continued professional development. (e.g., as

- demonstrated by activities contributing to his/her continuing education).
- g) The Committee will vote whether to recommend to the Assistant Commissioner that the candidate be appointed as a Forensic Mental Health Supervisor. The Director of the DFP Program and the Chair of the DFP Committee may participate in the discussion but will not vote on this matter. The results of the Committee's deliberations will be forwarded to the Assistant Commissioner who will make the final decision regarding appointment. The Assistant Commissioner will notify the applicant and the committee of his/her decision within 10 days of receipt of the committee's recommendation.

#### D. Waiver of Requirements

Any of the requirements listed above may be waived at the discretion of the Assistant Commissioner.

#### E. Orientation for New FMH Supervisors

Newly appointed FMH Supervisors will be expected to attend a DFP Committee meeting as soon after appointment as practical. The new FMH Supervisor will be sent copies of the reports to be reviewed at that meeting and will be expected to complete the Report Review Checklist on at least two different reports. The FMH Supervisor will then have the opportunity to compare their ratings with those of the Committee as a form of training.

#### X. FMH Supervisor Quality Improvement Process

#### A. Supervisor Feedback Form

If the Committee's review of a candidate's FMH Supervisor Feedback Form (Appendix D) indicates a potential problem, the Committee may consider developing a remedial action plan. The plan may include feedback to the FMH Supervisor; increased oversight the next time the FMH Supervisor is assigned a candidate; a recommendation to the Assistant Commissioner that the individual's status as FMH Supervisor be revoked.

#### **B.** Revocation of FMH Supervisor Status

A recommendation for revocation will be made in writing to the Assistant Commissioner. The recommendation will include the grounds for the recommendation and a summary of the remedial actions taken by the committee. The Assistant Commissioner will provide written notice of the revocation to the FMH Supervisor.

#### **C.** Continuing Education

Each FMH Supervisor will be expected to attend at least one meeting of the DFP Training and Certification Committee every three years. This will provide the

FMH Supervisor the opportunity to stay current with the Committee's standards and procedures.

#### **XI.** Guidelines for FMH Supervisors

#### A. Development of the Training Plan

The FMH Supervisor will meet with the Candidate to develop a plan for their work together. Once the Supervisor has a sense of the Candidate's experience he/she will develop a formal training plan proposal. The training plan proposal must be submitted to the Committee for approval within 90 days of Supervisor assignment. The proposal will contain:

- 1. All the necessary elements to meet the requirements outlined in 104 CMR 33.04, including training visits to a county correctional facility, a district court which has DMH forensic services, a DMH inpatient clinic, and Bridgewater State Hospital.
- 2. An estimation of the minimum number of evaluations that the candidate must complete in order to attain competence. The number of evaluations initially specified in the training plan may be increased or decreased, depending on the candidate's progress. The Committee requires a minimum of three inpatient 15b competency evaluations and three 15(b) criminal responsibility evaluations. It has been the Committee's experience that almost every candidate requires considerably more than three inpatient evaluations to acquire the necessary skills to attain the DFP certification. The Committee recommends a minimum of ten evaluations.
- 3. At least one evaluation must be conducted in a setting other than the setting in which the Candidate will be working.

#### B. The FMH Supervisor's Responsibilities

- 1. The FMH Supervisor should be thoroughly familiar with the recommended reading list provided to DFP Candidates and the Forensic Division guidelines for forensic reports.
- 2. FMH Supervisors must work closely with the Candidate's on-site job supervisor. The FMH Supervisor's role is to oversee the Candidate's DFP training, while the Candidate's on-site job supervisor is responsible for the Candidate's day-to day performance as an employee.
- 3. In designing the training program proposal, the FMH Supervisor and Candidate must consider the time frame for training.
- 4. It has been the Committee's experience that the single biggest problem noted in reviewing candidate reports is a lack of adequate discussion of the nexus between the clinical data and psycholegal conclusions, particularly with regard to Criminal Responsibility. This is an area that warrants close attention in Supervision. Candidates should be encouraged to think carefully about whether the data obtained are sufficient to warrant the conclusion offered. This may involve obtaining better data (i.e., making sure to inquire closely about the defendant's account and checking consistency with collateral sources), highlighting rather than ignoring discrepant data, and/or including the rationale for a conclusion, rather than assuming that it is obvious.

- 5. Initially the FMH Supervisor will review all extended court clinic evaluations and all inpatient reports before they are submitted to the court. In court clinics, reports may be reviewed by a DFP who is not the FMH Supervisor. Whenever possible court clinic reports should be reviewed prior to submission to the court or as soon after as possible. The FMH Supervisor will receive copies of all reports and there must be close contact between the onsite Supervisor and the FMH Supervisor on the Candidate's progress.
- 6. The FMH Supervisor (or a DFP in the court clinic) will observe at least one forensic interview early in the training process. The number of interviews to be observed will be based on an assessment of the Candidate's level of skill.
- 7. Prior to the submission of mid-training reports all extended court clinic evaluations and all inpatient evaluations must be reviewed by the FMH Supervisor before they are submitted to the court.
- 8. Following the mid-training review, the FMH Supervisor will determine when the Candidate is ready to submit reports to the courts without prior review. However, all inpatient reports and extended court clinic evaluations must be reviewed prior to or following submission to the court until the Candidate completes the training program.

#### C. The FMH Supervisor's Role in Mid-Training Reports

- 1. When the FMH Supervisor determines that the Candidate is ready, the FMH Supervisor will encourage the Candidate to submit mid-training reports for the Committee's review.
- 2. The FMH Supervisor will review the mid-training reports before they are submitted. The Candidate may submit mid-training reports that incorporate feedback by the FMH Supervisor. However, if the FMH Supervisor has significantly changed the report, the reports may not allow the Committee to assess the Candidate's level of competence.
- 3. The Committee will provide feedback to both the Candidate and the FMH Supervisor regarding the mid-training reports. The FMH Supervisor will incorporate the feedback into the remainder of the training process.

#### D. The FMH Supervisor's Role in Final Reports

- 1. When the Candidate has mastered the skills and knowledge required for performing forensic evaluations, the FMH Supervisor will encourage the Candidate to submit final reports for Committee review. If the Candidate feels he/she is ready but the FMH Supervisor disagrees, the candidate may still elect to submit final reports to the Committee.
- 2. Recommendation for final review should be based on the FMH Supervisor's assessment of the Candidate's overall competence. Although the Candidate has completed the minimum number of evaluations outlined in the training plan, the FMH Supervisor may find that the Candidate is not yet qualified for the final review.
- 3. The Committee strongly recommends that the FMH Supervisor and the Candidate review the Candidate's reports and identify those most suitable for submission to the Committee for final review.
- 4. The final reports must reflect the Candidate's independent work. It is not acceptable for the Candidate to consult with the FMHS Supervisor prior to writing the reports.

- 5. If the final report submitted to the court contains any changes suggested by the FMH Supervisor, the Candidate must submit to the Committee the draft of the report that was submitted to the FMH Supervisor for initial feedback.
- 6. If the final reports are not approved, the Candidate may submit another set. However, if the Candidate submits three sets that are not approved, the candidacy may be terminated.
- 7. When all elements of the training plan have been completed, the Candidate will fill out the *Completion of DFP Training Verification Form* (Appendix C) which summarizes the Candidate's training.
- 8. The FMH Supervisor will write a letter to the Committee, which will include an assessment of the Candidate's mastery of the skills and knowledge required to perform forensic evaluations.
- 9. If supervision is terminated for any reason, the FMH Supervisor will submit a letter to the DFP Program Director explaining the circumstances of the termination and summarizing the Candidate's progress to that point. This letter should be copied to the Candidate and the Chair of the Committee.

# APPENDIX A Commonwealth of Massachusetts Division of Forensic Mental Health

### **APPLICATION FORM**

### DESIGNATED FORENSIC PSYCHOLOGIST

Please read the pertinent regulations (104 CMR 33.00) before completing this application

| *********                | Please print or type<br>************** | *******     |
|--------------------------|--|-------------|
| Name of applicant:       | Date:                                  |             |
| Business Address:        |  |             |
| Business Phone:          |  |             |
| Fax:                     |  |             |
| Name of Employer:        |  |             |
| Home Address:            |  |             |
| Email Address:           |  |             |
|                          | ************************************** |             |
| College or<br>University | AddressYears Attended (fromto)         | Degree Date |
|                          |  |             |
|                          |  |             |
|                          |  |             |

| (1) (b) LICENSURE Board of Registration of Psychologists, Commonwealth of Massachusetts, License number:   |  |   |   |   |
|--|--|---|---|---|
|  | cal work that satis  | <b>IENCE</b> - Please describe<br>fies the requirement outl   |   |   |
| Facility   | Address  | Supervisor  | Dates<br>(from to)  | Hours/Week  |
|  |  |   |   |   |
| working wi   | ith psychiatric patie  | ENT EXPERIENCE - nts on an inpatient unit w d in the regulations (104 C   | hich accepts invo   | oluntary patients, to   |
| Facility   | Address  | Supervisor  | Dates<br>(from to)  | Hours/Week  |
| (4) Please employmen   | give a brief desc<br>nt and what court or  | **************************************  | provided at you   | current place of  |
| *****  | ******   | ******  | *****   | *****   |
| (Please rem<br>APPLICA  The  Designated will then be candidate, supervision Forensic M. Psychological designation Signature Sign | NT'S CERTIFICA<br>e information above<br>Forensic Psychologecome a candidate of<br>I will be permitted<br>a of the Forensic Mental Health. I unst after I have sat<br>a (as described in 10) | copy of your curriculum of <b>TION:</b> It is offered in support of a gist. I understand that if for appointment as a Desi to provide certain forens dental Health Supervisor derstand that I will be a disfactorily completed the 4 CMR 33.04 (3) (b) 4, 5 | my application fo<br>my qualifications<br>gnated Forensic I<br>sic mental health<br>assigned to me<br>appointed as a D<br>e remaining required. | r appointment as as are satisfactory, lesychologist. As a services under the by the Division of esignated Forensic tirements for such |
| Dat  | e:   |   |   |   |

#### Commonwealth of Massachusetts Division of Forensic Mental Health

#### **APPLICATION FORM**

#### DESIGNATED FORENSIC PSYCHIATRIST

Please read the pertinent regulations (104 CMR 33) before completing this application

## Please print or type \* Name of Applicant: **Business Address: Business Phone:** Home Address: (1) (A) EDUCATION - Please describe your undergraduate and graduate education College or Address Years Attended Degree Date University (from\_\_\_\_to\_\_\_) (1) (b) LICENSURE Board of Registration in Medicine, Commonwealth of Massachusetts, License Number: . Please attached copy of current license. \*

### (2) (a) ACCREDITED PSYCHIATRIC RESIDENCY TRAINING

Please describe your psychiatric residency training.

| Name of Residency  | Location                    | Years              |         |        |
|--|-----------------------------|--------------------|---------|--------|
| PGYI   |                             | (from              | to      | )      |
| PGYII  |                             |                    |         |        |
| PGYIII   |                             |                    |         |        |
| PGYIV  |                             |                    |         |        |
| (2) (b) OTHER POSTGRADU  | ATE TRAINING - Please       | describe.          |         |        |
| Name of Program/Location   | Description                 | Years att<br>(from |         |        |
| ********   | *******                     | ******             | *****   | ****   |
| (3) BOARD CERTIFICATION  |                             |                    | Vo      | -      |
| (4) Please give a brief descripemployment and what court-order 15(a), 15(b), 15(e), 16(a), 18, 19, | ered evaluations you will b | •                  |         |        |
| **************************************   | s forensic experience. Ha   | ave you conducted  | court-o | rderec |
| evaluations (as above) in Massac<br>and where?   | chusetts? What kind and a   | pproximately how   | many?   | When   |
| **************************************   |                             |                    | *****   | ****   |

#### **APPLICANT'S CERTIFICATION:**

The information above is offered in support of my application for appointment as a Designated Forensic Psychiatrist. I understand that if my qualifications are satisfactory, I will then become a candidate for appointment as a Designated Forensic Psychiatrist. As a candidate, I will be permitted to provide certain forensic mental health services under the supervision of the Forensic Mental Health Supervisor assigned to me by the Division of Forensic Mental Health. I understand that I will be appointed as a Designated Forensic Psychiatrist after I have satisfactorily completed the remaining requirements for such designation (as described in 104 CMR 33.04 (2) (b) 3, 4 & 5).

| Signature of Applicant |  |  |
|------------------------|--|--|
| Date                   |  |  |

# APPENDIX B Commonwealth of Massachusetts Division of Forensic Mental Health

#### **REPORT REVIEW CHECKLIST**

For discussion at DFP Committee meeting on: **DFP Candidate:** Reader: **Identifying Information:** \_\_\_ Complete information \_\_\_ Clear **Limits of Confidentiality/Privilege:** Client informed of examiner's role Client informed of purpose of evaluation Client informed of limits of confidentiality/privilege Client informed of or right not to answer and consequences Data indicating assessment of client's understanding of these components **Sources of Information:** \_\_\_ Complete information Clear

\_\_\_\_ Attorney contact (or attempt) documented

| <u>History:</u>   |
|---|
| relevant history of family socialization/ personality development           |
| relevant history of adaptations: school, work, peer relationships           |
| history of substance abuse  |
| history of criminal justice involvement                                     |
| history of mental health difficulties, treatment, and response to treatment |
| history of violence toward others and/or self                               |
| results of special diagnostic evaluations (if applicable)                   |
| relevant medical history  |
| Circumstances of admission:   |
| clinical circumstances of referral (from 15a)                               |
| Course of Hospitalization:  |
| description of functioning in hospital                                      |
| description of treatment offered and response to treatment                  |
| Mental status includes:   |
| data (rather than relying solely on conclusions)                            |
| appearance, behavior, and relatedness                                       |
| mood  |
| affect  |
| quality of communication  |
| thought processes   |
| perception  |
| sensorium and cognition   |
| presence/absence of suicidal/homicidal ideation or intention                |

## **Competence to Stand Trial**

| correct citation   |
|--|
| Adequate clinical data regarding competence:   |
| understanding charges, verdicts, and penalties   |
| understanding of the trial participants and the trial process                            |
| ability to assist counsel in preparing and implementing a defense                        |
| ability to make relevant decisions   |
| absence of inculpating statements in competence report                                   |
| Clear reasoning and conclusions on CST based on data, re:                                |
| nature of deficit(s)   |
| linkage of specific deficit(s) to competence deficits re: specific trial                 |
| potential for remediation and/or deterioration   |
| Care and Treatment:  |
| reasoning and conclusions clear and based on data  |
| opinions and recommendations appropriate for legal context                               |
| Criminal Responsibility  |
| correct citation   |
| Adequate data concerning criminal responsibility:  |
| police report of alleged offense   |
| defendant's version of offense, including specific criminal behavior                     |
| others' versions of offense and of defendant's behavior at the time (collateral sources) |
| other clinical details regarding circumstances of offense (additional mental statu       |

| Clear reasoning and conclusions on CR b  | ased on data, re:   |
|--|---|
| presence of mental illness/defect  |   |
| linkage of specific deficits to capacity to  | o appreciate wrongfulness                                       |
| linkage of specific deficits to capacity to  | o conform behavior to law                                       |
| role of intoxication, if applicable  |   |
| <b>General Style Issues:</b>   |   |
| avoids unexplained jargon  |   |
| clear and concise in historical narrative  | and clinical observations                                       |
| clear in distinguishing between data and   | conclusions   |
| <b>Care and Treatment:</b>   |   |
| reasoning and conclusions clear and bas  | ed on data  |
| opinions and recommendations appropr   | iate for legal context  |
| <b>Summary Comments Regarding Ev</b>   | aluation as a Whole   |
| Does the Candidate demonstrate an ability to assessments?                            | provide clinically sound diagnosticYes NoBorderline             |
| Does the Candidate demonstrate that he/she involved in:                              | understands the concepts and methods                            |
| assessment of competency?  | Yes No Borderline   |
| assessment of criminal responsibility?   | Yes No Borderline   |
| risk assessment?   | Yes No Borderline   |
| Has the Candidate obtained, or made reason data to answer the psycholegal questions? | able attempts to obtain, relevant and adequateYes No Borderline |

| Has the Candidate demonstrated an ability to analyst between the data and the psycholegal question of   | ze the data | and articul | ate the nexus     |
|---|-------------|-------------|-------------------|
| Competence to stand trial?  | Yes         | No _        | Borderline        |
| Criminal Responsibility?  | Yes         | No _        | Borderline        |
| Need for further care and treatment?  | Yes         | No _        | Borderline        |
| Has the Candidate demonstrated an ability to write comprehensible?  |             |             | and<br>Borderline |
| Has the Candidate practiced in conformity with required legal and ethical standards (e.g. provided an appropriate warning of lack of confidentiality, avoided incriminating data in |             |             |                   |
| a competency report, etc.)?   | Yes         | No _        | Borderline        |
| General Comments:   |             |             |                   |

# APPENDIX C Commonwealth of Massachusetts Division of Forensic Mental Health

# DESIGNATED FORENSIC PROFESSIONAL COMPLETION OF DFP TRAINING VERIFICATION FORM

| Name of Candidate for Designation:  |  |  |  |  |
|---|--|--|--|--|
| Name of Forensic Mental Health Supervisor:  |  |  |  |  |
| Listing of Forensic Mental Health Services Provided by a<br>Candidate for appointment as a Designated Forensic Professional   |  |  |  |  |
| Service Category Codes: (a) evaluation (b) consultation (c) other (please specify) Use as many as apply)  |  |  |  |  |
| <u>Chapter 123 codes:</u> Enter <u>one</u> of the abbreviations from the list above that best describes the main focus on the service provided:                                 |  |  |  |  |
| 15(a), 15(b) CST only, 15(b) CR only, 15(b) CST and CR, 15(e), 15(f), 16(a) IST, 16(a) NGI, 16(b) IST, 16(b) NGI, 17(a), 18(a) screening, 18(a) 30-day evaluation, 19 (specify) |  |  |  |  |
| **************************************  |  |  |  |  |
| Service Code Chapter 123 Code Location where service was performed  |  |  |  |  |
|   |  |  |  |  |
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## DESIGNATED FORENSIC PROFESSIONAL Completion of DFP Training Verification Form (Page Two)

Listing of Training Visits Completed by Candidate for appointment as a Designated Forensic Professional

| Date of<br>Training Visit   | Name of Facility Visited   | Nature of Visit  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| This is to certify that _successfully completed the skills necessary to | d all requirements outlined in his/hoperform these evaluations at an acc | , has<br>er training plan and has mastered<br>reptable level of quality. |
| Designated Forensic N   | Mental Health Supervisor   |  |
| Date  |  |  |

# APPENDIX D Commonwealth of Massachusetts Division of Forensic Mental Health

### SUPERVISOR FEEDBACK FORM

| TO:    | , newly appointed Designated Forensic Professional  |
|--------|---|
| FROM   | 1: DFP Certification Committee  |
| RE:    | Supervisor Feedback   |
| Forens | Congratulations on your successful completion of the Designated Forensic sional (DFP) training program. As you probably know, the Massachusetts Designated sic Professional Program, utilizing an individualized supervisor/mentor model, is in the nation. |
| -      | The strength of the program rests to a large extent on the success of each ision. Therefore, in order to effectively evaluate and monitor the program, we need eedback. Please take a few minutes to complete this form, and return to:                     |
|        | Dianne Williams Department of Psychiatry Forensic Psychology Training UMASS, 55 Lake Avenue North Worcester, MA 01605.  |
| Forens | Please be aware that a summary of feedback data may be presented to individual sic Mental Health Supervisors.   |
| Your N | Name:   |
| Your F | FMH Supervisor:   |
| _      | orimary work setting while under supervision: State Hospital, Court Clinic, etc.)   |
| Superv | visor's primary work setting during the period of supervision:  |
|        | g the period of supervision, did you and your supervisor work in the same setting?  YesNo   |

| 4  | TO1     | •    | 1.      | . 1 | C       |        | 1      | 1       | 1 0   |         |          | •         |
|----|---------|------|---------|-----|---------|--------|--------|---------|-------|---------|----------|-----------|
| 1  | Please  | 1110 | dicate: | the | trequen | cv and | averag | e lenot | h ot  | clinery | 71C10n   | sessions: |
| 1. | 1 Icasc | 111/ | arcuic  | uic | nequen  | cy and | averag | c ichgi | 11 01 | super   | V 131011 | sessions. |

| <b>Types</b> | of Mtgs.  | <u>Frequency</u> (e.g., weekly, bi-weekly, monthly, etc.)                          | Average length<br>of Supervision<br>sessions (minutes) |
|--------------|---|--|--|
| Individ      | lual Supervision                                  |  | sessions (minutes)                                     |
| Face-to-Face |   |  |  |
| Via tel      | ephone  |  |  |
| Group        | supervision                                       |  |  |
| 2(a).        |   | nclude observation of your forensic int<br>? (If so, in what ways was or wasn't th |  |
| 2(b).        | Were you ever able to what ways was or was        | observe your supervisor conducting aren't this helpful?)                           | n evaluation? (If so, in                               |
| 3(a).        | Did you have an oppo<br>was or wasn't this help   | rtunity to observe your supervisor testioful?)                                     | fy? (If so, in what ways                               |
| 3(b).        | Did supervision ever i<br>was or wasn't this help | nclude observation of your testimony?<br>oful?)                                    | (If so, in what ways                                   |

For each of the following items, please comment on your perceptions of your supervisor's knowledge and teaching ability during your DFP candidacy. Please also indicate whether you felt this to be an important aspect of DFP training.

| 4. | <u>Supervisor's Knowledge of Clinical-Legal Issues</u> : (e.g., degree to which the supervisor clearly understood and explained the legal and clinical issues involved in particular cases, outlined specific procedures involved in performing various forensic evaluations, etc.)   |
|----|---|
| 5. | Structure of Supervision: (e.g., degree to which the supervision was readily available to meet training needs, the supervisor clearly outlined steps, deadlines and requirements of the DFP process, the supervisor's expectancies about the candidate's performance were clearly communicated, and were fair and reasonable, etc.) |
| 6. | <u>Effectiveness of Supervision:</u> (e.g. degree to which the supervisor adequately demonstrated the methods required for performing various evaluations, the supervisor reviewed reports thoroughly and in a timely fashion, the supervisor gave feedback that clearly identified ways to improve performance, etc.)              |
| 7. | <u>Ethics/Standards:</u> (e.g. degree to which the supervisor clearly understood and explained the ethical issues raised by each case, the supervisor was a good role model for Professional Forensic Mental Health practice, etc.)   |
| 8. | Additional Comments:  |